

Individual Demographics

Individual Demographics Summary

CARES

CARESworkerweb

User ID: XMI365 Username: F.Marzoni Quick Select: CASE/RFA Go Help Logout

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Individual Demographics Summary

Reset

Permanent Demographics

Individual	Last Updated	Language	US Citizen	Birth Place	Date of Death	SSN Appl Date	Alert Flag 1	Alert Flag 2	
Simpson, Homer 35 M	08/01/2003	English	No	Springfield					Q
Simpson, Marge 32 F	12/04/2003	English	No	Springfield					Q
Simpson, Lisa 12 F	12/06/2003	Spanish	Yes	Springfield					Q
Simpson, Bart 15 M	09/16/2003	English	Yes	Springfield					Q

Race/Ethnicity Information

Individual	American Indian/Alaskan	Asian	Black / African American	Hawaiian/ Other Pacific Islander	White	Hispanic Ethnicity	
Simpson, Homer 35 M	No	No	No	No	Yes	No	Q
Simpson, Marge 32 F	No	No	No	Yes	Yes	No	Q
Simpson, Lisa 12 F	No	No	No	Yes	No	No	Q
Simpson, Bart 15 M	No	No	No	Yes	Yes	Yes	Q

Current Demographics

Individual	Begin Month	Last Updated	SSN Coop	Marital Status	Intend to Reside	Reside in WI	Migrant Worker	CC Special Needs Child	
Simpson, Homer 35 M	08/2003	08/01/2003	Yes	Married	No	Yes	No	No	Q
Simpson, Marge 32 F	12/2003	12/06/2003	Yes	Married	Yes	Yes	No	No	Q
Simpson, Lisa 12 F	12/2003	12/22/2003	Yes	Single	Yes	No	No	No	Q
Simpson, Bart 15 M	09/2003	09/10/2003	Yes	Single	No	Yes	No	Yes	Q

Living Arrangemet Information

Individual	Begin Month	Last Updated	Type	Date	Minor Parent Living Arrangement	
Simpson, Homer 35 M	08/2003	08/01/2003	Independent	01/01/2002		Q
Simpson, Marge 32 F	08/2003	12/06/2003	Independent	01/01/2002		Q
Simpson, Lisa 12 F	12/2003	12/22/2003	Independent	01/01/2002		Q
Simpson, Bart 15 M	09/2003	09/10/2003	Independent	01/01/2002		Q

Alien / Refugee Information

Individual	Begin Month	Last Updated	Delete Reason	Country of Origin	Alien Registration Status	Date of Entry	EAD	Arrival Date	
Simpson, Homer 35 M	08/2003	08/01/2003		England	Lawfully Admitted	01/01/2000	Yes	01/01/2000	Q
Simpson, Marge 32 F	08/2003	08/01/2003		Canada	Lawfully Admitted	01/01/2000	Yes	01/01/2000	Q

Alien / Sponsor Information


Individual	Begin Month	Last Updated	Delete Reason	Sponsor Type	Sponsor /Organization Individual	
Simpson, Homer 35 M	08/2003	08/01/2003		Individual	Jackson, Smith 45 M	Q
Simpson, Marge 32 F	08/2003	08/01/2003		Individual	Jackson, Smith 45 M	Q

Individual: ALL Begin Month: MM/YYYY Updated on or before: MM/DD/YYYY Go

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Permanent Demographics


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Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Permanent Demographics

Individual Demographic Information

Effective Period

Last Updated: 11/05/2003

Individual Details

Individual: Homer Simpson 35M PP

Language:

Are you a US Citizen?

Birth Place:

Death Date: MM/DD/YYYY

SSN Application Date: MM/DD/YYYY

Alert Flag 1:

Alert Flag 2:

Verification:

Verification:

Verification:

Verification:

Verification:

Verification:

Last Updated: MM/DD/YYYY Go

Race / Ethnicity Information

Race

☐ Populate unknown responses as No

American Indian/Alaskan:

Asian:

Black/African American:

Hawaiian/Other Pacific Islander:

White:

Ethnicity

Hispanic:


Last Updated: MM/DD/YYYY Go


Individual


Homer Simpson 35M PP

Updated on or before

MM/DD/YYYY Go








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
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Current Demographics



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Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**

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Current Demographics

Individual Demographic Information

Effective Period

* Begin Month: Last Updated: **11/05/2003**

Individual Details

* Individual:

* Identification Verification:

* SSN Cooperation:

* Marital Status: Verification:


* Offender Working Without Pay:

* Intend to Reside in WI:

* Resides in WI:

* Migrant Farm Worker: Verification:

* Special Needs Child: Verification:

Enter New Begin Month: 

Living Arrangement Information

Effective Period


* Begin Month: Last Updated: **11/05/2003**

Living Arrangements

* Living Arrangement Type: Verification:


Living Arrangement Date:



Minor Parent Living Arrangement:

Enter New Begin Month: 

Individual

Updated on or before



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Alien / Refugee Information

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Alien / Refugee Information

Effective Period

Begin Month: MM/YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Additional Information

Individual: Homer Simpson 35M PP

Country of Origin:

Alien Registration Status:

Alien Registration Status Verification:

Date of Entry: MM/DD/YYYY Verification Number from SAVE:

Alien Registration Number:

Does Alien have an Employment Authorization Document?

Does Alien have a sponsor?

Arrival Date: MM/DD/YYYY Verification:

Alien continuously present in US? Verification:

Did Alien meet the Work Quarters? Verification:

Did Alien meet the military requirements? Verification:

Is the Alien an adult member (born prior to 05/08/1975) of Hmong or Highland Laotian tribe, or spouse or unremarried surviving spouse of the member?

Is the Alien unmarried dependent child of Hmong/Highland Laotian tribe or dependent is under 18 years or full time student and under age 22?

Enter New Begin Month: MM/YYYY Go

Sponsor Information

Sponsor Effective Period

Begin Month: MM/YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Sponsor Type

Sponsor Type:

Individual Information

Sponsor Name: Marge Simpson 33F WIF

Household size of the sponsor: Verification:

Number of persons outside of this household sponsored by this sponsor: Verification:

Organization Information

Organization Name:

Can the organization meet the alien's needs? Verification:

Address:

City: State:

Zip: Phone:

Enter New Begin Month: MM/YYYY Go

Individual

Homer Simpson 35M PP

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Benefits / School


Benefits / School Summary

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Benefits Received/School Enrollment Summary





Benefits Received [1 of 2]

Individual	Begin Month	Last Updated	SSI Ltr	SSI Pmt	SSDI Pmt	Oth St FS	Fstr Care	Fstr Care CO	Trib Comm	QDWI Rfrl	
Homer Simpson 35 M	08/2003	08/01/2003	No	No	No	No	No	No	Yes	No	
Marge Simpson 32 F	08/2003	08/01/2003	No	No	No	No	No	No	Yes	No	
Lisa Simpson 12 F	12/2003	12/22/2003	No	No	No	No	No	No	No	No	
Bart Simpson 15 M	12/2003	12/22/2003	No	Yes	No	No	No	No	Yes	No	

Benefits Received [2 of 2]

Individual	Begin Month	Last Updated	TAIF Services	TAIF Type	Kinship Care	Kinship Care CO	OutPatient Drug/Alcohol Treatment	SSI 1619(b)	
Homer Simpson 35 M	08/2003	08/01/2003	No		No	No	No	No	
Marge Simpson 32 F	08/2003	08/01/2003	No		No	No	No	No	
Lisa Simpson 12 F	12/2003	12/22/2003	No	No	Yes	Yes	No	No	
Bart Simpson 15 M	12/2003	12/22/2003	No	No	Yes	Yes	No	No	

School Enrollment Information

Individual	Begin Month	Last Updated	HS Graduation Status	Enrollment Status	Type of Education Institution	
Homer Simpson 35 M	08/2003	08/01/2003	Graduate	Not Enrolled	High School	
Marge Simpson 32 F	08/2003	08/01/2003	Graduate	Not Enrolled	High School	
Lisa Simpson 12 F	12/2003	12/22/2003	Not Graduated	Full Time	Middle School	
Bart Simpson 15 M	12/2003	12/22/2003	Not Graduated	Part Time	Elementary	

Individual

Begin Month

Updated on or before


ALL


MM/YYYY



MM/DD/YYYY

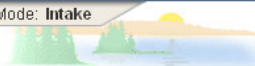
Benefits / School


Benefits Received

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Benefits Received

Benefits Received (1 of 2)

Effective Period

* Begin Month: / Last Updated: 11/05/2003

Additional Information

* Individual:

Has the individual received any of the following benefits?

* Other State Food Stamps:

* Tribal Commodities:

* SSDI Payments:

* SSI Payments:

* SSI Letter:

* General Relief:

* Foster Care:

* Foster Care Court Order:

* QDWI Referral:

Verification:

Verification:

Verification:

Verification:

Verification:






Verification:

Verification:

Verification:

Obsolete Information

* Other State AFDC:

  Enter New Begin Month:   

Benefits Received (2 of 2)

Effective Period

* Begin Month: / Last Updated: 11/05/2003

Additional Information

Has the individual received any of the following benefits?

* Kinship Care:

* Kinship Care Court Order:






* TANF Services:


* SSI 1619(b):


* Outpatient drug/alcohol treatment:



Verification:


TANF Type:


  Enter New Begin Month:   

 Individual

Updated on or before 


 

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School Enrollment

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School Enrollment

Effective Period

* Begin Month: Last Updated: **11/05/2003**

Individual Information

* Individual:

* Highest Level of Education Completed:

* High School Graduation Status: Verification:

* Enrollment Status: Verification:

* Type of Educational Institution:

Student Food Stamps Eligibility Reason:

School District:

School Name:

Expected Date of High School Graduation: Verification:


Meets Caring for Dependent Children Requirement?

Enter New Begin Month:

Individual Updated on or before

Individual Non Financial Information


Individual Non Financial Gatepost


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 **Individual Non Financial Gatepost**

Effective Period

Last Updated: **11/05/2003**

Questions

Is anyone in your household pregnant?

Is anyone in your household incapacitated?

Is anyone in your household disabled, blind, or unable to work due to illness or injury?

Is anyone in your household requesting Long Term Care services?

Is there anyone in your household who was an SSI recipient in the past who is not an SSI recipient now?

Is anyone in your household under age 13 months?

Has anyone in the household applying for FS or W2 been convicted of a drug felony in the past 5 years?


Does anyone in your household pay anyone else for room and meals?

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Individual Non Financial Information


Pregnancy


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 **Pregnancy**

Effective Period

Begin Month:

/

End:

Last Updated:

11/05/2003

Delete:

☐

Delete Reason:

Additional Information

Individual:

Pregnancy Verification:

Fetus Number:

Fetus Number Verification:

Due Date:


/ /

Due Date Verification:

Pregnancy End Date:


/ /


Enter New Begin Month:

 Individual

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Individual Non Financial Information


Incapacitation

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Incapacitation

Effective Period

Begin Month: /

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Additional Information

Individual: Jane Simpson 33F WIF

Type:

Onset Date:

Review Date:

End Date:

Status Granted:

Verification:


Enter New Begin Month: /

Individual: Homer Simpson 35M PP

Updated on or before:

Individual Non Financial Information


Disability

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Disability

Effective Period

* Begin Month: / End: Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Additional Information

* Individual: Jane Simpson 33F WIF

* Has individual been established blind by Disability Determination Bureau (DDB)? Verification:

* Has individual been established disabled by DDB? Verification:

* Has individual been established Medicaid Purchase Plan(MAPP) disabled by DDB? Verification:

Presumptive Disability? Verification:

Presumptive Disability Type:

Date sent to DDB: Received Date:

Onset Date: Review Date:

Is individual considered disabled for Food Stamps (DDB Disabled, Blind, Presumptive Disability, MAPP Disabled, VA Disabled or RRB Disabled)? Verification:


FSET Exemption

Is this individual currently incapable of working due to illness or injury? Verification:

* Is a household member needed to care for this person? Caretaker:



FS-E

Is individual elderly and disabled and unable to purchase and prepare meals separately from other household members due to disability?

 Individual

Homer Simpson 35M PP

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MAPP

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Medicaid Purchase Plan

Medicaid Purchase Plan Information

Effective Period

Begin Month:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Details

Individual: Homer Simpson 35M PP

Do you want to request Medicaid Purchase Plan (MAPP)?

Are you working?

Are you participating in a Health Employment Counseling (HEC) program?

Are you requesting an exemption from work for medical reasons?

Do you qualify for a work exemption?

If not, reason for disqualification:

Independence account overage amount: \$

Independence account date reviewed:

Enter New Begin Month:

Work Requirement Exemption Dates

Details

Begin Month:

End Month:

Begin Month

End Month

Last updated

Delete

10/2003

10/2003

11/05/2003

11/2003

11/2003

11/05/2003

Enter New Begin Month:


Individual

Homer Simpson 35M PP

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Individual Non Financial Information


Prior SSI


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 **Prior SSI**

Effective Period

Begin Month:

/

End:

Last Updated:

11/05/2003

Delete:

☐

Delete Reason:

Additional Information

Individual:

Date last received SSI:

/ /

Is the individual ineligible for SSI due to ...

A SSA COLA increase (503)?

Verification:

Entitlement/ increase in disabled adult children benefits?

Verification:


The 1983 change in actuarial formula for widow(er)s I? (Widow - Widowers I):

Verification:

The early entitlement to widow(er)s benefits under title II? (Widow - Widowers II)?



Verification:

Enter New Begin Month:

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Individual Non Financial Information


Newborn


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 **Newborn**

Effective Period

Begin Month:

End:

Last Updated:

11/05/2003

Delete:

☐

Delete Reason:

Details


Individual:

Was this child's mother eligible for any non-CARES Medicaid at the time of the child's birth?


If yes to above, was eligibility categorically or medically needy ?


Has this child been continuously living with his/her natural mother since birth?

Enter New Begin Month:

 Individual


Updated on or before





Individual Non Financial Information


Drug Felon

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Drug Felon

Effective Period

Begin Month: /

End:

Last Updated: **11/05/2003**

Delete: ☐

Delete Reason:

Additional Information

Individual:

Program:

Date Felony Conviction Occurred:

Has the individual agreed to take a drug test?

Drug Test Date: Verification:

Drug Test Result Date: Verification:

Passed Drug Test?

Sanction Begin Date: Sanction End Date:

Is the individual re-requesting Food Stamps? Re-Request Date:


W-2 Penalty Percentage:

Enter New Begin Month: /

Individual: Updated on or before:

Individual Non Financial Information


Room and Board Paid

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



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Room and Board Paid

Effective Period

* Begin Month: /

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Additional Information

* Individual: Sequence: 1

Boarder Information

* Is individual a Boarder?

Number of Meals per Day:

Boarder Paid Amount: \$

Verification:

Roomer Information

* Is individual a Roomer?

Verification:

Roomer Paid Amount: \$

Verification:


Room Board Paid To/For

* Room Board Paid To:


* Individuals room board paid for:


Jane Simpson 35 F WIF	<input type="checkbox"/>	Rich Simpson 27 M BTR	<input type="checkbox"/>	Roxanne Simpson 26 F STR	<input type="checkbox"/>
Kimble Simpson 20 F STR	<input type="checkbox"/>	Paul Simpson 18 M BTR	<input type="checkbox"/>	Don Simpson 19 M BTR	<input type="checkbox"/>
Paul Simon 35 M FRD	<input type="checkbox"/>	Susan Simpson 38 F STR	<input type="checkbox"/>	Peter Simpson 30 M BTR	<input type="checkbox"/>

Enter New Begin Month: /

 Individual

Updated on or before





Individual Non Financial Information

Absent Parent

CARESworkerweb User ID: XM365 Username: F.Marzoni Quick Select: CASE/RFA Go Help Logout
Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Absent Parent

Reset

Absent Parent Information

Effective Period
Last Updated: 11/05/2003
Delete Month: MM/YYYY Delete Reason: [dropdown]

Absent Parent Information

☒ Absent Parent Known Sequence: 1 Search

*First Name MI *Last Name Suffix *Gender SSN Birth Date MM/DD/YYYY

Absent Parent Address

Number Unit Direction St/Rural Rt/Box # Suffix Quadrant Apt

Additional Address Info

City State Zip Phone

Absent Parent Additional Information

*Absence Begin Date MM/DD/YYYY *Absence Reason [dropdown]
*Referred To IV-D [dropdown]
Maiden Name Marriage Date MM/DD/YYYY

Children/Unmarried Pregnant Woman Associated With Absent Parent

Individual Delete Delete Reason

Reset Update Add

Individual	Delete Reason
Marge Simpson 25F Not	[icon]
Lisa Simpson 18F Dau	[icon]
Bart Simpson 14M SON	[icon]
Maggi Simpson 10F DAU	[icon]

Comments

Comments: Intake Interview
Current Size = 17 Characters (120 Characters Max)

Caretaker Relative Cooperation Information

Effective Period
*Begin Month: MM/YYYY Last Updated: 11/05/2003

Caretaker Relative

*Individual: Homer Simpson 35M PP

Child Support Information

*Cooperation: [dropdown]
Good Cause Claimed: [dropdown] Good Cause Reason: [dropdown]
Good Cause Claim Date: MM/DD/YYYY
Good Cause Granted?: [dropdown] Good Cause Result: [dropdown]

Medical Support Liability Information

*Cooperation: [dropdown]
Good Cause Claimed: [dropdown] Good Cause Reason: [dropdown]
Good Cause Claim Date: MM/DD/YYYY
Good Cause Granted?: [dropdown] Good Cause Result: [dropdown]


Enter New Begin Month: MM/YYYY Go

Sequence Updated on or before: MM/DD/YYYY Go

Previous Next


Individual Non Financial Information

Absent Parent Search Within Case


 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni Quick Select : CASE/RFA

Primary Person : **Homer Simpson** Case: 1234567890 Status: **Pending** Mode: **Intake**

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 - ☒ Reference Tables

 **Absent Parent Search Within Case**

	Absent Parent	Sequence	Delete Reason	Absent Parent ID (KIDS)	Children/Pregnant Women (Delete Reason)
	Lisa Simpson				
<input type="radio"/>	Homer Simpson 35M	003			John Simpson 5M Rosy Simpson 6F Alice Simpson 15F
<input type="radio"/>	Marge Simpson 44F	002			Kate Briant 9F Lony Briant 10F
<input type="radio"/>	Jane Smith 46F	001	AE		Bart Simpson 14M (AE)

Individual Non Financial Information


Absent Parent Search By Individual

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



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Absent Parent Search by Individual

Child/Pregnant Woman : Lisa Simpson 6F

	Absent Parent	Delete Reason	Case	Absent Parent ID (KIDS)
<input type="radio"/>	Homer Simpson 35M		9876543210	
<input type="radio"/>	Rebecca George 44F		1234567890	

Child/Pregnant Woman : Rosy Smith 5F


	Absent Parent	Delete Reason	Case	Absent Parent ID (KIDS)
<input type="radio"/>	Tim Smith 44M		3498534943	
<input type="radio"/>	Jane Smith 33F	AE	3498534943	

Child/Pregnant Woman : Allen Wicker 15M

No Absent Parent Details Found

Long Term Care


Long Term Care Gatepost

**CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



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Long Term Care Gatepost

Effective Period

Last Updated: **11/05/2003**

Additional Information

Is anyone in your household functionally eligible for Family Care OR requesting Family Care?


Is anyone in your household functionally eligible for or requesting PACE or Partnership or Community Waivers ?

Is anyone in your household in a Medical Institution for Long Term Care?

Is anyone in your household requesting/receiving Long Term Care service and has a spouse in the community?

Long Term Care

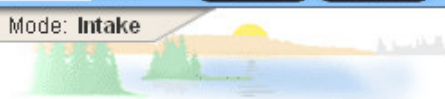
Long Term Care Summary

 **CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select: **CASE/RFA**

Primary Person: **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



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Long Term Care Summary

Family Care

Individual	Begin Month	Last Updated	Delete Reason	Request	Functionally Eligible	CMO Capacity	Enrollment Date	Disenrollment Date	
Jane Simpson	06/2003	06/01/2003		Y	Comprehensive	Y	06/01/2003		
Joanne Simpson	04/2003	04/01/2003	AE	Y	Intermediate	Y	04/01/2003		

Add

Community Waivers

Individual	Begin Month	Last Updated	Delete Reason	Request	Program Type	Start Date	Slot available	PACE or Partnership Level Of Care	
Jane Simpson	06/2003	06/01/2003	AE	Y	Brain injury waiver	06/01/2003	Y		
Joanne Simpson	04/2003	04/01/2003		Y	PACE	04/01/2003	Y	Intermediate Care Facility	

Add

Institutions

Individual	Begin Month	Last Updated	Delete Reason	Medical Institution?	Type	Institutionalized Date	
Jane Simpson	06/2003	06/01/2003		Y	Nursing Home	06/01/2003	
Joanne Simpson	04/2003	04/01/2003	AE	Y	Institute for mental disease	04/01/2003	

Add

Community Spouse

Individual	Begin Month	Last Updated	Delete Reason	Community Spouse	Max Income Allocation?	Actual Allocated Amount	
Jane Simpson	06/2003	06/01/2003		Y	Y		
Joanne Simpson	04/2003	04/01/2003	AE	Y	N	1000.00	

Add

Individual

Begin Month

Updated on or before

ALL

MM/YYYY

MM/DD/YYYY

Go

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Long Term Care

Family Care

CARESworkerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Go

Help

Logout

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Family Care

Reset

Family Care Information

Effective Period

* Begin Month: MM/YYYY Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Details

* Individual: Homer Simpson 35M PP

* Do you want Family Care services? ☐ Functional eligibility?

Care Management Organization (CMO) Capacity? ☐ Enrollment Date: MM/DD/YYYY

Disenrollment Date: 01/01/2003 Override projected cost of care plan: \$

Resource center or CMO worker name:

Resource center or CMO worker phone: - -

Enter New Begin Month: MM/YYYY Go

Managed Care

Effective Period

* Begin Month: MM/YYYY Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Details

* Are you meeting your cost share or spend down obligation? ☐

Special Managed Care Program Organization (SMCP) organization choice (Family Care (FC) Care Management Organization (CMO) or PACE or Partnership organization)

Community Waivers Information

Request for Community Waivers: Yes Community Waivers program type: Pace

Community Waivers program start date: 10/01/2003 Slot available for Community Waivers or capacity for PACE or Partnership: Yes

Family Care Information

Request for Family Care: Yes Enrollment date: 11/01/2003

Care Management Organization (CMO) capacity: Yes

Medical Institution Information

In Institution? No

Date institutionalized:

Community Spouse Information

Spouse in community? No

Enter New Begin Month: MM/YYYY Go

Individual

Homer Simpson 35M PP

Updated on or before MM/DD/YYYY Go

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Long Term Care

Community Waivers

CARESworkerweb
 User ID: XMI365 Username: F.Marzoni Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Community Waivers

Community Waivers Information

Effective Period

* Begin Month: MM/YYYY End: Last Updated: 11/05/2003
 Delete: ☐ Delete Reason:

Details

* Individual: Homer Simpson 35M PP
 * Do you want Community Waivers services? ☐ Date of request: MM/DD/YYYY
 Functionally eligible? ☐
 Program type: Verification:
 Program start date: MM/DD/YYYY Verification:
 Medicaid Card coverable expenses: \$ Group C medical remedial expenses: \$
 Slot available for Community Waivers or capacity for PACE or Partnership? ☐ PACE or Partnership level of care?

Managed Care

Effective Period

* Begin Month: MM/YYYY Last Updated: 11/05/2003
 Delete: ☐ Delete Reason:

Details

* Are you meeting your cost share or spend down obligation? ☐
 Special Managed Care Program Organization (SMCP) organization choice (Family Care (FC) Care Management Organization (CMO) or PACE or Partnership organization)

Community Waivers Information

Request for Community Waivers:	Yes	Community Waivers program type:	Pace
Community Waivers program start date:	10/01/2003	Slot available for Community Waivers or capacity for PACE or Partnership:	Yes

Family Care Information

Request for Family Care:	Yes	Enrollment date:	11/01/2003
Care Management Organization (CMO) capacity:	Yes		

Medical Institution Information

In Institution?	No
Date institutionalized:	


Community Spouse Information

Spouse in community?	No
----------------------	----

Individual
 Homer Simpson 35M PP

Updated on or before
 MM/DD/YYYY


Long Term Care Institutions

**CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**

Quick Select: **CASE/RFA**

Primary Person: **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



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Institutions

Effective Period

* Begin Month:

End:

Last Updated: **11/05/2003**

Delete: ☐

Delete Reason:

Details

* Individual:

Institution Name:

* Type:

* County:

* Date of original institutionalization:

* Date of most recent institutionalization:

* Daily rate:

* Verification:

* Verification:

* Verification:

* Veteran (no dependents)?


Date of Discharge:

Enter New Begin Month:

Individual

Updated on or before


Long Term Care Community Spouse

 **CARES**workerweb

User ID: XMI365 Username: F.Marzoni

Quick Select: CASE/RFA

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



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Community Spouse

Effective Period

* Begin Month: /

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Details

* Individual:

* Does the institutionalized spouse make available maximum income allocation to the community spouse?

Verification:

If no, how much is made available?

\$

Verification:

Court order/fair hearing community spouse allocation amount:

\$

Verification:

Court order/fair hearing community spouse asset share amount:

\$

Verification:

Notice Mailing Address Details For Spouse

Number	Unit	Direction	* Street/Rural Route/Box #	Suffix	Quadrant	Apartment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Address Information

* City

* State

* Zip

Contact Person Details

First name	MI	Last name	Suffix	Relation	Contact Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Individual

Updated on or before

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Asset Information

Asset Gatepost

CARESworkerweb

User ID: XMI365 Username: F. Marzoni Quick Select : CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Asset Gatepost

Effective Period

Last Updated: 11/05/2003

Liquid Asset

Does anyone in your household have any of the following Liquid assets?

CA - Cash	<input type="text" value="Y - Yes"/>	TS - Tax Shelter Account	<input type="text" value="Y - Yes"/>
SA - Savings Account	<input type="text" value="Y - Yes"/>	CC - Christmas club	<input type="text" value="Y - Yes"/>
SC - Savings certificate	<input type="text" value="Y - Yes"/>	IR - IRA	<input type="text" value="N - No"/>
CH - Checking account	<input type="text" value="Y - Yes"/>	KE - Keogh plan	<input type="text" value="Y - Yes"/>
TR - Trust funds / estate	<input type="text" value="Y - Yes"/>	CJ - Credit union	<input "="" type="text" value="?"/>
ST - Stocks and bonds	<input "="" type="text" value="?"/>	TX - Tax refund	<input type="text" value="O - Fail W-2 and/ CC"/>
MQ - EBD Medicaid annuity	<input type="text" value="F - Fail to provide info"/>	ES - Escrow account for home sale	<input type="text" value="Y - Yes"/>
US - United states savings bond	<input type="text" value="Y - Yes"/>	MO - Money owed	<input type="text" value="Y - Yes"/>
MM - Money market account	<input type="text" value="Y - Yes"/>	DD - Child support defra disregard	<input type="text" value="Y - Yes"/>
MR - Monthly excess over grant refund	<input type="text" value="Y - Yes"/>	LR - Excess over life of grant refund	<input type="text" value="Y - Yes"/>
SR - Special resource account	<input type="text" value="Y - Yes"/>	OT - Other	<input type="text" value="Y - Yes"/>

Vehicle Asset

Does anyone in your household own or is anyone buying a Vehicle (car, truck, boat, snowmobile, other)?

Real Property Asset

Does anyone in your household own or is anyone buying Real Property/life estate/mortgage/land contract?

Personal Property Asset

Does anyone in your household own or is anyone buying Personal property of exceptional value?

Life Insurance Asset

Does anyone in your household own or is anyone buying Life Insurance?

Burial Asset

Does anyone in your household own or is anyone buying a Burial asset?

Lump Sum Received

Has anyone in your household received a lump sum in the last three months ?

Transfer/Divestment Asset

Has anyone transferred or divested, sold or given away real property or any other assets?

For Medicaid, this applies to within the last 3 years for Real Property and other assets and also applies for a transfer involving a trust within the last 5 years.

For Food Stamps, this only applies to transfers or divestments in the past 3 months and does not include real property, vehicles, or other assets that are excluded for Food Stamps.

For CTS, this only applies to transfers or divestments in the past 1 year.

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Liquid Assets

CARESworke**r**web

User ID: XMI365 Username: F. Marzoni Quick Select: CASE/RFA Go Help Logout

Primary Person: Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Long Term Care

Liquid Asset

Effective Period

Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Additional Information

Individual: Jane Simpson 33F WIF Sequence: 1

Type: CA CASH Verification:

Jointly Owned? Available?

Burial? Verification:

Amount: \$

Independence Account Information

Independence Account? Registration Date: MM / DD / YYYY

Pre-independence Account balance amount: \$

Financial Institution Name & Address Information

Account Number:

Name: Address:

Address Line-2: City:

State: Zip:

Jointly Owned Assets

Individual: Joanne Simpson 25F STR Verification:

First Name: Joanne MI: Last Name: Simpson Suffix:

EBD-MA Applicant/Recipient: Delete: Delete Reason:

Reset Update Add

First Name	MI	Last Name	Delete	Verification	EBD-MA		
Jon		Simpson					
Johnny	K	Simpson					

Enter New Begin Month: MM / YYYY Go

Individual: Homer Simpson 35M PP Sequence: Updated on or before: MM / DD / YYYY Go

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Asset Information

Vehicle Assets

CARES

CARESworkeerweb

User ID: XMI365 Username: F. Marzoni Quick Select: CASE/RFA Go Help Logout

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

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Vehicle Asset

Reset

Effective Period

* Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Additional Information

* Individual: Jane Simpson 33F WIF Sequence: 1

* Type: AI AIRPLANE * Verification:

* Jointly Owned? * Available?

Description & Usage

Year: Make:

Model: Vehicle ID:

* Required To Be Registered?

Licence Plate#: State:

Usage:

Usage:

Usage:

* Fair Market Value: \$ * Verification:

Amount Owed: \$ Verification:

Equity Value: \$ 0

Obsolete Information

Registered?

Jointly Owned Assets

Individual





Joanne Simpson 25F STR Verification

First Name MI Last Name Suffix

Joanne Simpson

EBD-MA Applicant/Recipient Delete Delete Reason

Reset Update Add

First Name	MI	Last Name	Delete	Verification	EBD-MA	
Jon		Simpson				 
Johnny	K	Simpson				 

Enter New Begin Month: MM / YYYY Go

Individual

Sequence

Updated on or before

MM/DD/YYYY Go

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Asset Information

Real Property Assets

CARESworkerweb

UserID: XMI365 Username: F. Marzoni

Quick Select: CASE/RFA

Go

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Logout

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

Reset

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Real Property Asset

Effective Period

* Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: Delete Reason:

Additional Information

* Individual: Jane Simpson 33F WIF Sequence: 1

* Type: CD CONDO * Verification:

* Residence? * Jointly Owned?

* Available?

Property Information

Fair Market Value: \$ Verification:

Amount Owed: \$ Verification:

Equity Value: \$0 Verification:

Life Estate Value: \$ Verification:

Is this property producing income consistent with fair market value? Verification:

Is this non-home property used for self support? Verification:

Is this property listed for sale? Verification:

Sale Agreement?

Sales Effort Begin Date: MM / DD / YYYY End Date: MM / DD / YYYY

Person living in house (if not owner):

Relation: Verification:

Intent To Return? Verification:

Real Property Address

Address:

Address Line 2:

City: State:

Zip:

Jointly Owned Assets

Individual: Joanne Simpson 25F STR Verification:

First Name: Joanne MI: Last Name: Simpson Suffix:

EBD-MA Applicant/Recipient: Delete: Delete Reason:

Reset

Update

Add

First Name

MI

Last Name

Delete

Verification

EBD-MA

Jon

Simpson

Johnny

K

Simpson

Enter New Begin Month: MM / YYYY Go

Individual: Homer Simpson 35M PP Sequence: Updated on or before: MM / DD / YYYY Go

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Asset Information


Personal Property Assets

 **CARES**workerweb

User ID: XMI365 Username: F. Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



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Personal Property Asset

Effective Period

* Begin Month: / End: Last Updated: 11/05/2003

Delete: ☐ Delete Reason:

Additional Information

* Individual: Sequence: 1

* Type: * Verification:

* Jointly Owned? ☐ * Available?

* Amount: \$ * Verification:

Jointly Owned Assets

Individual

First Name

EBD-MA Applicant/Recipient

Verification

MI

Last Name

Suffix

Delete

☐

Delete Reason


First Name	MI	Last Name	Delete	Verification	EBD-MA	
Jon		Simpson				
Johnny	K	Simpson				

Enter New Begin Month:

Individual Sequence Updated on or before

Asset Information


Burial Assets

 **CARES**workerweb

User ID: **XMI365** Username: **F. Marzoni**

Quick Select: **CASE/RFA**

Primary Person: **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



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Burial Asset

Effective Period

Begin Month: /

End:

Last Updated: **11/05/2003**

Delete: ☐

Delete Reason:

Additional Information

Individual:

Sequence: **1**

Type:

Verification:

Jointly Owned? ☐

Available?

Amount:

Verification:

For Individual:

Relation:

Financial Institution Address

Account Number:

Name:

Address:

Address Line-2:

City:

State:

Zip:

Jointly Owned Assets

Individual:

Verification:

First Name:

MI:

Last Name:

Suffix:

EBD-MA Applicant/Recipient:

Delete: ☐

Delete Reason:

First Name	MI	Last Name	Delete	Verification	EBD-MA
Jon		Simpson	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Johnny	K	Simpson	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Enter New Begin Month: /

Individual:

Sequence:

Updated on or before:

Wednesday, May 12, 2004

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Asset Information

Lump Sum Received

CARESworkerweb

User ID: XMI365 Username: F. Marzoni

Quick Select: CASE/RFA

Go

Help

Logout

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake

Reset

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Lump Sum Received

Reset

Effective Period

Begin Month: MM / YYYY

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Additional Information

Individual: Jane Simpson 33F WIF

Sequence: 1

Penalty Begin Month: MM / YYYY

Type:

Verification:

Jointly Owned? ☐

Available? ☐

Date Received: MM / DD / YYYY

Recurring? ☐

Earned? ☐

Gross Amount: \$

Verification:

Discontinuous? ☐

Offsetting Expenses

Amount: \$

Type:

Verification:

Reset

Update

Add

Amount	Type	Verification		
200.00	ALLOWABLE REDUCTION	MARRIAGE LICENSE OR CERTIFICATE		
300.00	ALLOWABLE REDUCTION	COLLATERAL CONTACT - ORAL		

Jointly Owned Assets

Individual: Joanne Simpson 25F STR

Verification:

First Name: Joanne

MI:

Last Name: Simpson

Suffix:

EBD-MA Applicant/Recipient:

Delete: ☐

Delete Reason:

Reset

Update

Add

First Name	MI	Last Name	Delete	Verification	EBD-MA		
Jon		Simpson	<input type="checkbox"/>				
Johnny	K	Simpson	<input type="checkbox"/>				

Enter New Begin Month: MM / YYYY

Go

Individual: Homer Simpson 35M PP

Sequence:

Updated on or before: MM / DD / YYYY


Go

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Asset Information

Life Insurance Assets


 CARESworkerweb


User ID: XMI365 Username: F. Marzoni

Quick Select : CASE/RFA 

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake






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Life Insurance Asset


Effective Period


* Begin Month: MM / YYYY End: Last Updated: 11/05/2003

Delete: ☐ Delete Reason: 


Additional Information

* Individual: Jane Simpson 33F WIF Sequence: 1

* Type: AN ANNUITY * Verification: 

* Jointly Owned? * Available? 

* Face Value: \$ Cash Surrender Value: \$

* Verification: 

Life Insurance Company Details


Policy Number:

Name: Address:


Address Line 2: City:




State: Zip:





Jointly Owned Assets


Individual: Joanne Simpson 25F STR Verification: 


First Name: Joanne MI: Last Name: Simpson Suffix:


EBD-MA Applicant/Recipient: Delete: Delete Reason: 


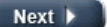
  

First Name	MI	Last Name	Delete	Verification	EBD-MA		
Jon		Simpson					
Johnny	K	Simpson					

Enter New Begin Month: MM / YYYY 


 Individual Sequence Updated on or before

Homer Simpson 35M PP MM/DD/YYYY 

Asset Information


Transfer / Divestment of Assets

 **CARES**workerweb

User ID: XMI365 Username: F. Marzoni

Quick Select: CASE/RFA

Primary Person : Homer Simpson Case: 1234567890 Status: Pending Mode: Intake



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 - Long Term Care
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Asset Transfer / Divestment

Effective Period

Begin Month: MM / YYYY

End:

Last Updated: 11/05/2003

Delete: ☐

Delete Reason:

Additional Information

Individual: Jane Simpson 33F WIF

Sequence: 1

Type: BA BURIAL ASSETS

Sub-Type: CT COUNTABLE INT ON BURIAL TRUST

Transferred To:

Relation:

Verification:

Verification:

Date Of Transfer: MM / DD / YYYY

Disregard Reason:

Verification:

Dollar Amounts

Market Value: \$

Verification:

Amount Owed: \$

Verification:

Amount Received: \$

Verification:

Amount Transferred: \$ 0

Verification:

Allowable Medical Expenses: \$

Verification:

Enter New Begin Month: MM / YYYY

Individual

Sequence


Updated on or before

Homer Simpson 35M PP

MM / DD / YYYY

Asset Information


Asset Assessment


**CARES**workerweb

User ID: **XMI365** Username: **F.Marzoni**


Quick Select : **CASE/RFA**

Primary Person : **Homer Simpson** Case: **1234567890** Status: **Pending** Mode: **Intake**



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 **Asset Assessment**


Effective Period

Last Updated: **11/05/2003**

Counted Assets

Individual: **Homer Simpson 35M PP**

Vehicle assets:	\$.00
Liquid assets:	\$.00
Real property assets:	\$.00
Life insurance assets:	\$.00
Lump sum assets:	\$.00
Total counted assets:	\$.00
Asset limit:	\$.00
Community spouse asset share:	\$.00
Court-ordered or fair hearing amount:	\$	<input type="text"/>

 Individual

Updated on or before

